



DT03 Rec'd PCT/PTO 2.4 NOV 2004 PCT#

PATENT
4100-0127P

IN THE U.S. PATENT AND TRADEMARK OFFICE

Applicant: ECKERT, Hagen Conf.: 6066
Int'l. Appl. No.: PCT/EP00/10063 Filed: Oct. 12, 2000
US Appl. No.: 09/856,954 Group: 2634
Filed: July 11, 2001 Examiner: Curtis B. ODOM
For: ASSEMBLY FOR MEASUREMENT DEMODULATION
AND MODULATION ERROR DETECTION OF A
DIGITAL MODULATED RECEIVE SIGNAL

PROPOSED AMENDMENT UNDER 37 C.F.R. § 1.111

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

November 24, 2004

Sir:

In response to the Office Action dated July 14, 2004, the due date having been extended one month, the following Amendments and Remarks are respectfully submitted in connection with the above-identified application.

This paper includes:

AMENDMENTS TO THE SPECIFICATION (incl. ABSTRACT)

AMENDMENTS TO THE CLAIMS

AMENDMENTS TO THE DRAWINGS

REMARKS

04/27/2005 PZINHERM 00000005 022448 09856954
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interview in an effort to expedite prosecution in connection with the present application.

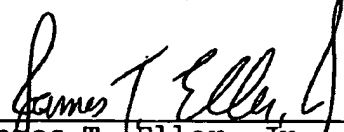
Pursuant to 37 C.F.R. §§ 1.17 and 1.136(a), Applicant(s) respectfully petition(s) for a one (1) month extension of time for filing a reply in connection with the present application, and the required fee of \$110.00 is attached hereto.

If necessary, the Commissioner is hereby authorized in this, concurrent, and future replies, to charge payment or credit any overpayment to Deposit Account No. 02-2448 for any additional fees required under 37 C.F.R. §§ 1.16 or 1.17; particularly, extension of time fees.

Respectfully submitted,

BIRCH, STEWART, KOLASCH & BIRCH, LLP

By


James T. Eller, Jr. #39,538

JTE/MBG/jao/tm/csm
4100-0127P

P.O. Box 747
Falls Church, VA 22040-0747
(703) 205-8000

Attachment: Substitute Specification, incl. Abstract
 Marked-Up Version of the Original Specification
 Replacement Drawing (1)

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

09/856954

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|--|--------------|--------------|
| TOTAL CLAIMS | | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 4 minus 20 = | |
| INDEPENDENT CLAIMS | 1 minus 3 = | |
| MULTIPLE DEPENDENT CLAIM PRESENT <input checked="" type="checkbox"/> | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

1727-07

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | 10 Minus | 20 | = |
| Independent | 3 Minus | 3 | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE | FEE | OR | RATE | FEE |
|-----------|-----|----|-----------|-----|
| BASIC FEE | | | BASIC FEE | 800 |
| X\$ 9= | | | X\$18= | |
| X40= | | | X80= | |
| +135= | | | +270= | |
| TOTAL | | | TOTAL | 860 |

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

| RATE | ADDITIONAL FEE | OR | RATE | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9= | | | X\$18= | |
| X40= | | | X80= | |
| +135= | | | +270= | |
| TOTAL ADDIT. FEE | | | TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE | OR | RATE | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9= | | | X\$18= | |
| X40= | | | X80= | |
| +135= | | | +270= | |
| TOTAL ADDIT. FEE | | | TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE | OR | RATE | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9= | | | X\$18= | |
| X40= | | | X80= | |
| +135= | | | +270= | |
| TOTAL ADDIT. FEE | | | TOTAL ADDIT. FEE | |

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | Minus | | = |
| Independent | Minus | | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | Minus | | = |
| Independent | Minus | | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.